Errors in Indonesian-English Consecutive Interpreting: A Case Study in Interpreting Class Practice

Kesalahan dalam Penjurubahasaan Konsekutif Bahasa Indonesia-Inggris: Studi Kasus pada Praktik Penjurubahasaan di Kelas

Ni Wayan Swardhani Wiraswastiningrum
Faculty of Cultural Studies
Universitas Brawijaya, Malang, Indonesia
wayan.swardhani@ub.ac.id

Abstract

This study explores consecutive interpretation, which involves listening, note-taking, and reproducing speech and can lead to errors similar to those in spoken language production. Previous research has investigated various strategies and error types in consecutive interpretation, highlighting the challenges faced by novice interpreters and the factors that affect speech errors, including language proficiency, working memory, and anxiety. Focusing on interpreting practice recordings conducted in class on health topics, the study aims to examine the types of errors and issues identified in the case study. The study utilizes error parameters established by Gonzalez et al. (1996), Barik (1998), Hairuo (2015), Chinh (2010), and Altman (1994). This qualitative study follows a systematic approach to data collection, employing recordings from the observation phase. Two distinct data sets were generated: from English to Bahasa Indonesia (BA) and the reverse interpretation from Bahasa Indonesia to English (AB). A total of 64 data points were collected, comprising 52 from the BA set and 12 from the AB set. Transcriptions were completed for both sets, and the resultant data were categorized according to the aforementioned error parameters. This study identifies six types of errors in the analyzed object, of which five fall under the stated error parameters. Meanwhile, the sixth was identified explicitly within the context of this study. The reasons for these errors vary, ranging from the interpreter's lack of experience and competence to intentional attempts to deliver a more natural interpretation and clarify the intended message.

Keywords: consecutive interpretation, strategies, error types

Abstrak

Studi ini meneliti penjurubahasaan konsekutif, yang melibatkan proses menyimak, mencatat, dan mereproduksi ujaran dan dapat menyebabkan kesalahan yang serupa dengan kesalahan dalam produksi bahasa lisan. Penelitian-penelitian terdahulu telah menyelidiki berbagai strategi dan jenis kesalahan dalam penjurubahasaan konsekutif, dengan menyoroti pada tantangan yang dihadapi oleh juru bahasa pemula dan faktor-faktor yang memengaruhi kesalahan dalam menjurubahasakan, termasuk kemahiran bahasa, memori saat bertugas, dan kecemasan. Berfokus pada rekaman praktek penjurubahasaan yang dilakukan di kelas dengan topik kesehatan, penelitian ini bertujuan

untuk memeriksa jenis kesalahan yang terjadi dan masalah yang muncul dalam studi kasus ini. Penelitian ini menggunakan parameter kesalahan yang dibuat oleh Gonzalez dkk. (1996), Barik (1998), Hairuo (2015), Chinh (2010), dan Altman (1994). Penelitian kualitatif ini menggunakan pendekatan sistematis dalam pengumpulan data, dengan menggunakan rekaman yang diperoleh dari fase observasi. Dua set data yang berbeda dihasilkan sebagai hasil observasi yaitu dari Bahasa Inggris ke Bahasa Indonesia (BA) dan interpretasi sebaliknya dari Bahasa Indonesia ke Bahasa Inggris (AB). Sebanyak 64 data dikumpulkan yang terdiri dari 52 data dari set BA dan 12 data dari set AB. Transkripsi dilakukan untuk kedua set, dan data yang dihasilkan dikategorikan menurut parameter kesalahan yang disebutkan di atas. Penelitian ini mengidentifikasi enam jenis kesalahan pada objek yang dianalisis, di mana lima di antaranya termasuk dalam parameter kesalahan yang disebutkan. Sementara itu, kesalahan yang keenam diidentifikasi secara eksplisit dalam konteks penelitian ini.

Penyebab dari kesalahan-kesalahan ini bervariasi, mulai dari kurangnya pengalaman dan kompetensi penerjemah hingga kesengajaan untuk menghasilkan hasil penjurubahasaan yang lebih alami dan memperjelas pesan yang dituju.

Kata kunci: penerjemahan konsekutif, strategi, jenis kesalahan

INTRODUCTION

Consecutive interpretation is a mode where the interpreter starts interpreting a segment of a message after the speaker has finished delivering the source utterance (Kuswoyo & Audina, 2020). An interpreter listens to the speaker, takes notes, and reproduces the speech in the target language. According to DeBot K, as cited in Zhao et al. (2023), interpreting can be regarded as a distinct form of spoken language production [1], in which the interpreter decodes a message from the source and conveys it in the target language. Interpreting is susceptible to speech errors like spoken language production (Zhao et al., 2023).

Numerous studies address the strategies of consecutive interpretation across various fields, with some focusing specifically on errors encountered during the process. Some recent ones are Kosman (2021) in "Young Interpreters' Coping Strategies – An Interview Study," which observes issues faced by young interpreters with less than five years of experience and how they cope. Some strategies employed by the young interpreters include reconfirming the use of humor as an icebreaker. Lu et al. 2021 published an article entitled "Error Types in Consecutive Interpreting among Student Interpreters between Chinese and English: A Pilot Study," which explores errors found in consecutive interpreting training between Chinese and English. The parameter of accuracy and completeness applied in this study is by Falbo (2015) following error analysis stages by McDowell & Liardét (2020): (1) error recognition and reconstruction and (2) error classification and quantification. Zhao et al. 2023 state in "Speech errors in consecutive interpreting: Effects of language proficiency, working memory, and anxiety" that speech errors in interpreting varied in conceptual, syntactic, lexical, and phonological levels. The study also examines how language proficiency, working memory, and anxiety affect the occurrence of speech errors across these linguistic levels during consecutive interpreting from English (a second language) into Chinese (a first language) by student interpreters.

This study focuses on interpreting practice recordings conducted in class on health topics. The study aims to analyze the errors and issues experienced by interpreters during the practice sessions. The errors and issues observed are classified and analyzed using the error parameters set by Gonzalez et al. (1996), Barik (1998), Hairuo (2015), Chinh (2010), and Altman (1994). The present study aims to fill the gap in literature and seeks to examine the following research questions:

1. What kind of errors and issues emerge during the case study?
2. What instigated the errors identified in the case study?

METHOD

This study observes a case of the interpretation of practice recordings conducted in class on health. The practice is done in small groups of three, with one student taking on the role of a midwife, another as a patient, and the last as an interpreter. The interpretation is conducted between Bahasa Indonesia and English and vice versa. The recordings are divided into two practice sections, with students 1 (W) and 2 (R) interpreting each session. This study focuses only on the second practice session, which involved student 2 (R) as the interpreter. Student 2 (R) is a graduate student training on skills needed to be an interpreter. Prior to the recording session, Student 2 (R) practiced Consecutive Interpreting in class, setting in some topics. The one is taken as the object of analysis in consecutive interpreting of health topics recorded on November 3rd, 2024. The data is taken from a recording posted on YouTube at https: //youtu.be/9Y18Om3B1mU, with data taken from 5:04 to 15:19.

The research method used in this study is qualitative. The data is obtained from the recording, and two sets of data are taken in the observation: the interpretation data from English to Bahasa Indonesia (B to A/ BA) and Bahasa Indonesia to English (A to B/ AB). There are 64 data collected, comprising 52 in BA and 12 in AB. Data is obtained through transcription done for both sets of data, and then the data collected is categorized based on error parameters in consecutive interpreting by Gonzalez et al. (1996), Barik (1998), Hairuo (2015), Chinh (2010), and Altman (1994). The category was then analyzed to observe factors instigating the errors. At the end of the study, a conclusion is drawn on categories of errors identified in the recording as well as the reasons for the errors.

FINDINGS AND DISCUSSION

As cited in Malau et al. (2021), there are eight types of errors in consecutive interpreting, which are literal translation, inadequate language proficiency grammatically and lexically, register conservation, distortion, additions, omissions, protocol-procedures-ethics, and non-conservation paralinguistic features (Gonzales, 1996; Barik, 1998; and Hairuo,2015). Data Set 1 shows errors in interpreting from English to Bahasa Indonesia, and Data Set 2 shows errors in interpreting from Bahasa Indonesia to English. There are 52 data in Data Set 1 and 12 in Data Set 2.

Table 1. Data Tabulation of Errors in Data Sets 1 and 2

Errors	**Data Set 1 (BA)**	**Data Set 2 (AB)**
	English to Bahasa Indonesia	**Bahasa Indonesia to English**
Literal Translation	3	0
Inadequate Language Proficiency		
Lexical Error	3	0
Incorrect Translation	9	1
Distortion	2	0
Omission		
Skipping Omission	13	3
Compounding Omission	1	0
Addition		
Qualifier Addition	0	2
Elaboration Addition	1	2
Closure Addition	2	1
Non-Conservation of Paralinguistic Feature		
Filler	7	2
Repeated Words or Phrases	2	1
Other		
Order	1	0
Request to Repeat	7	0
Reconfirm	1	0
Total Data	52	12

The table above indicates that there are four types of errors based on error parameters in consecutive interpreting, according to Gonzalez et al. (1996), Barik (1998), Hairuo (2015), Chinh (2010), and Altman (1994), which can be found in the object of the study. However, there are other error types whose parameters cannot be classified using the aforementioned criteria. Data Set 1 has six types of errors, while data set 2 only has four. The additional parameters in the Other type (Order, Request to Repeat, and Reconfirm) can only be found in data set 1. The table shows that the most frequent error is Omission, with 14 in data set 1 and 3 in data set 1. Incorrect Translation comes second in data set 1 with 9 data, while there is one in data set 2. Skipping Omission appears to dominate with 13 instances in data set 1 and 3 in data set 2. The least error trend in both data sets is the literal translation, with 3 cases in data set 1 and none in data set 2.

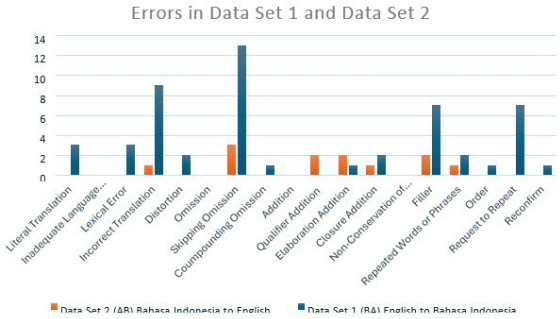

Figure 1. Errors in Data Set 1 and Data Set 2

The following section provides further analysis of the Data Sets and types as well as subtypes.

Data Sets Global Analysis

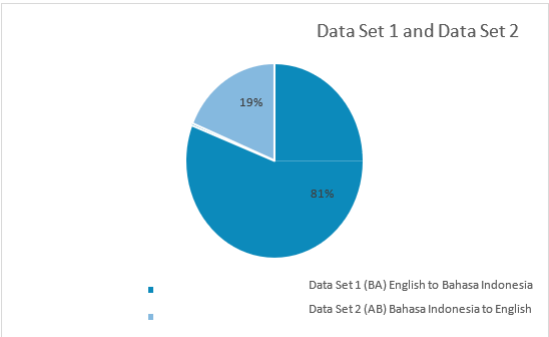

Figure 2. Data Set 1 and Data Set 2

The overall data indicates that the population in Data Set 1 is higher than in Data Set 2. Data Set 1 consists of interpretations from English to Bahasa Indonesia, where the speaker is a midwife using English as the Source Language (SL), and the interpreter translates it into Bahasa Indonesia as the Target Language (TL) for the patient. Based on its characteristics, the speech delivered in SL is longer and more complex, laden with details and terminology related to medicine and health. For instance, the excerpt below presents data for BA17 to BA24.

Table 1. Data BA 17 to BA 24

Midwife (SL)	**Interpreter (TL)**
M: We'll get to that in a minute. **First** (17) we need **to draw blood** (18) to check for **several things** (19), like **blood type (20)**, **Rh (21)**, hemoglobin, rubella, **and for** (23) syphilis, and to check **the sugar and albumin** (24). Am I going too fast?	Baik tapi sebelumnya, kita harus melakukan **pengecekan darah (18)** untuk memeriksa kadar hemoglobin, memeriksa adanya **virus** (22) rubella **atau (23)** sifilis, serta kondisi **albumin dan gula** (24). Apakah saya terlalu cepat menjelaskan?

Data in the table below show that the speaker (the Midwife) identifies eight errors in one utterance. The speaker uses many details to explain the procedure for the lab work, followed by a list of items to check during that process. In addition, the terms used in this section are medical terms, which can be very challenging for students learning to be interpreters, as the field is quite specific and may puzzle interpreters unfamiliar with it. The interpreter seems to struggle to keep up with the abundance of details, compounded by the complexity of the terminology used. During the session, the interpreter took notes; however, due to the information's complexity and volume, the interpreter could not conduct the interpretation as it should have been done.

Types of error identified in this section are Omission with Skipping Omission Subtype, Inadequate Language Proficiency (ILP) in Incorrect

Translation Subtype, Addition in Closure Addition Subtype, and Other in Order Subtype.

Table 2. Error Identification in Data BA 17 to BA 24

Midwife (SL)	Interpreter (TL)	Error Identification and Notes
M: We'll get to that in a minute. **First** (17) we need **to draw blood** (18) to check for **several things** (19), like **blood type (20)**, **Rh (21)**, hemoglobin, rubella, **and for** (23) syphilis, and to check **the sugar and albumin** (24). Am I going too fast?	Baik tapi sebelumnya, kita harus melakukan **pengecekan darah (18)** untuk memeriksa kadar hemoglobin, memeriksa adanya **virus** (22) rubella **atau** **(23)** sifilis, serta kondisi **albumin dan gula** (24). Apakah saya terlalu cepat menjelaskan?	Omission – Skipping omission. "first" in SL is deleted. (17) ILP – Incorrect translation "draw blood" should be translated as "mengambil darah" instead of "pengecekan darah". Also verb is translated to Noun in the case. (18) omis sion – skipping omission. This part is skipped in TL (20) (21) omission – skipping omission. This part is skipped in TL and it skipped the detail on procedure to take. This can be misleading toward the hearer since the information received is incomplete. (22) Addi- tion – closure addition Adding "virus" to "rubella" to clarify what it is. (23) ILP-incorrect translation SL says "and for" to emphasize on the additional procedure to take in a sense that it is mandatory to be taken, while in TL it is trans- lated into "atau" which means that the patient may choose, or it is offered as preference of one option or another. (24) Order Not exist in parameter. The order of details in SL and TL are different

This is quite the opposite with set data 2, which is the interpretation from Bahasa Indonesia (SL) by the patient (Pregnant Woman) to English (TL) by the interpreter. Most conversations are made with short statements or brief questions so the interpreter can follow the lead and interpret with less pressure, such as in the excerpt below.

Pregnant Woman (SL) : "Sejauh ini baik-baik saja!"

Interpreter (TL) : "So far, so good."

However, set data 2 AB also contained some errors. Some existing data can be found in Data AB 2 to AB 4.

Table 3. Error Identification in Data AB 2 to AB 4

Pregnant Woman (SL)	Interpreter (TL)	Error Identification and Notes
Saya punya pertanyaan. Seorang teman memberi tahu saya bahwa dia menjalani pemeriksaan, saya tidak ingat apa namanya, karena dokter mengatakan kepadanya bahwa dia terlalu tua atau semacamnya.(4) Apakah saya membutuhkannya?	Excuse Doctor, I have a question. My friend told me that … eh .. he said that eh (2) (3) she said that doctor told her that she is too old(4), so do I have to take … also take a test like her?	**(2)** NCPF – filler **(3)** ILP – incorrect translation the patient's friend is female, yet translated as a "he" even though later on corrected to a "she" (4) Omission – skipping omission. The interpreter skipped quite a chunk of initial statement and conclude yet make it shorter, fortunately, there is no change in meaning in TL

The excerpt above shows the different data characteristics compared to data set 1. The question addressed by the patient/ pregnant woman is not as complicated in detail and composition as the response and explanation provided by the Midwife, which makes the task less complex for the interpreter. However, in one statement in SL, three error types are found in TL: Non-Conservation of Paralinguistic Feature in the filler subtype, ILP in the incorrect translation subtype, and omission in the skipping omission subtype.

Literal Translation

Barik (1998), as cited in Malau (2021, p. 74), states that interpreters focus solely on replacing words from the source language with those in the target language. Literal translation errors occur when interpreters fail to preserve the original ideas, instead prioritizing word-for- word substitution between the target and source languages. Literal translation can only be found in data set 1, as is seen in the example below.

Midwife (SL): Considering (1) your past medical history we have to watch out for edema.

Interpreter (TL) : Ya, menimbang (1) eh catatan Kesehatan anda, saya khawatir anda mengalami edema atau pembengkakan.

"Considering" is literally translated as "menimbang," which is correct in meaning, but it is unnatural to translate it that way. If the interpretation is made in a legal context, it will make sense; however, in this conversation, opting for a more natural interpretation like "setelah melihat catatan kesehatan Anda …" or "dari catatan kesehatan Anda …" will make the interpretation more fluid and also set a positive tone as it marks the beginning of the midwife-patient consultation.

Inadequate Language Proficiency (ILP)

This condition occurs when an interpreter fails to anticipate language patterns in sentences and expressions. A lack of language fluency pre- vents the interpreter from comprehending text well enough to convert ideas fully and accu- rately into the target language at the required speed without faltering or experiencing communication breakdowns. It is categorized into two types: lexical errors and incorrect translation. Lexical errors involve the distortion and misinterpretation of word meanings, while incorrect translation refers to an interpreter's inability to effectively convey the message from the source to the target language. This type of error can be found in both Data Set 1 and 2. Lexical errors are found in Data Set 1, as seen below.

BA 9

Midwife (SL): I don't suppose you've felt the baby move yet? (9)

Interpreter (TL): Eh … Oh ya. Saya pikir, anda belum merasakan pergerakan bayinya? (9)

The excerpt above shows that the interpreter could not deliver a precise translation as intended in SL, especially in the beginning section of the statement. "I don't suppose" in SL does not correspond in meaning with "saya pikir." It can be translated better so that the intended meaning is not distorted and can be more natural.

Another example in BA 36 shows an alarming error for the interpretation is very general that chances that the message delivered can be understood in different ways by the hearer.

BA 36

Midwife (SL): To check for AIDS (36).

Interpreter (TL): Untuk memeriksa **virus HIV (36)**

The lexical error in this data is quite risky, and it is due to Distortion and Misunderstanding of the difference between AIDS and HIV. The interpreter considers both to be the same interchangeable while indeed related but are substantially different. Anyone contracting HIV is not always AIDS- positive. Clarity in using both terms is needed, for this is quite a sensitive matter to deliver.

In addition to lexical errors, ILP appears in incorrect translation subtypes in Data Sets 1 and 2. The incorrect translation in BA 5 is shown below.

BA 5

Midwife (SL): Considering your past medical history we have to watch out for edema. It is important that you watch your diet, take a lot of liquids, **elevate your legs** (5), and not overexert yourself.

Interpreter (TL): Ya, menimbang eh catatan Kesehatan anda, saya khawatir anda mengalami edema atau pembengkakan. Oleh karena itu, saya ingin anda mengatur pola makan dan memperbanyak minum air, **serta menggerakkan kaki anda…mengangkat kaki anda** (5).

The incorrect translation happened in "elevate kaki" to be translated into "menggerakkan kaki." Even though the interpreter corrects the translation to "mengangkat kaki," the mistranslated text can deliver an incorrect understanding to the patient when getting the suggestion given by the midwife due to the patient's condition. In the health field, this can lead to further health issues when suggestions to deal with health issues are not appropriately addressed.

Data Set 2 also shows one error in this subtype in AB3.

AB 3

Pregnant Woman (SL): Saya punya pertanyaan. Seorang **teman (3)** memberi tahu saya bahwa dia menjalani pemeriksaan, saya tidak ingat apa namanya, karena dokter mengatakan kepadanya bahwa dia terlalu tua atau semacamnya.(4) Apakah saya membutuhkannya?

Interpreter (TL): Excuse Doctor, I have a question. My friend told me that … eh .. **he said that eh she (3)** said that doctor told her that she is too old, so do I have to take … also take a test like her?

The interpreter missed the translation of "teman." It is not a literal translation, and the interpreter needs to assume whether it is a "he" or a "she." However, the context helps to clarify that "teman" or the friend mentioned by the one pregnant. So, obviously, the friend mentioned is a female. The interpreter makes corrections to clarify things for the hearer.

Distortion

Distortion relates to making the meaning to be lost. This error results from deficient language skills, second memory, and interpretation skills (Malau, 2021. p.74). Distortions are only found in Data Set 1 in BA 12 and BA 25.

BA 12

Midwife (SL): Looking at your chart (12) here, …

Interpreter (TL): Melihat kondisi anda (12), …

The excerpt above shows the translation of "your chart" to " kondisi anda." This can alter the intended meaning. Based on the test result, the health chart reflects a complete report of the patient's condition. Translating it into "kondisi anda" makes it over-generalizing and does

not show the technical process used by the midwife to make the statement on the patient's condition. This can lead to different messages and senses received by the patient, who stands as the listener in this case. Distortion can be dangerous for health since it twists the intended meaning and creates an entirely different meaning. This error needs to be avoided to avoid fatal results.

Omission

The omission is a situation in which the interpreter deletes the information. Barik (1971), as cited in Malau, specifies the types of omis- sion, which are skipping omission, comprehen- sion omission, and compounding omission. In Skipping omission, the interpreter deletes a word or short phrase, which cannot change a structure. Comprehension omission is when an interpreter cannot understand some parts of the text, which consequently causes a loss of meaning. Meanwhile, compounding omission occurs when the interpreter composites two sentences by deleting some phrases. Omissions are found in both Data Set 1 and 2. Skipping omission and Compounding omission are the subtypes found in both Data Sets.

BA 4 and 6

Midwife (SL): **It is important (4)** that you watch your diet, take a lot of liquids, elevate your legs and **not overexert yourself (6)**.

Interpreter (TL): Oleh karena itu, saya ingin anda mengatur pola makan dan memperbanyak minum air, serta menggerakkan kaki anda…mengangkat kaki anda .

As is seen in the excerpt above, BA 4 and BA 6 are deleted in TL. These data show Skipping Omission. In BA 4, "it is important" is deleted, while this section is crucial to emphasize the importance of the information given by the Midwife to the patient. Skipping this made the patient fail to understand that she needed more attention to this section. In addition, information skipping, as is seen in BA 6, can harm the patient as the midwife explicitly delivers the warning, not the "overexert," and the interpreter skips this warning.

Compounding omission is found in BA 41, in which the interpreter deletes a considerable chunk of a message and combines two statements.

Midwife (SL): We might also want to schedule an ultrasound, since you have a history of twin gestation, **but we'll have to wait a couple of weeks before we can do it. (41)** That will help confirm your dates, show the position of the baby and detect certain abnormalities. …

Interpreter (TL): … Ok, karena anda memiliki catatan hamil, eh pernah mengandung anak kembar eh kami akan melihat posisi bayinya lalu memeriksa apakah ada keabnormalan dalam eh dengan bayinya dan eh mulai what doctor? …

What is stated by the Midwife in BA 41 is completely deleted, and the interpreter combined the prior and later sections instead. Even though the skipped information is minor, it should be delivered since it provides important information to the patient on when the following procedure will be done due to her prior twin gestation. This can also cause misunderstandings and harm to the patient because her condition requires her to be closely observed by the midwife. This may affect the pregnancy and health of both the mother and the baby.

Addition

Addition is a condition when the interpreter adds additional detail or information. There are four kinds of addition and three subtypes found in Data Set 1 and 2: elaboration addition, qualifier addition, and closure addition. Elaboration addition occurs when the interpreter devotes some unconnected information, which can alter its meaning. Qualifier addition is when an adverb or adjective is added in TL. On the other hand, closure addition is when the interpreter rephrases, omits, and misinterprets parts in the target language. It also gives closure to the unit of the sentence without adding anything substantial to it.

AB 5 and AB 6

Pregnant Woman (SL): Tidak. Saya paham.

Interpreter (TL): No, I understand **perfectly (5). Thank you. (6)**

The excerpt above shows examples of qualifier addition (AB 5) and elaboration addition (AB 6). Both do not exist in SL, yet they have been added to SL, and there are no changes in meaning in this section. The intention of doing this is to make the statement more natural. The same approach is seen in BA 22.

BA 22

Midwife (SL) : … rubella, …

Interpreter (TL) : … **virus** (22) rubella …

Including “virus" before Rubella in the TL provides a clearer message that the Midwife is discussing the type of virus to be detected in the proposed test. Based on the examples and data presented, the use of Addition in this study does not change the meaning or convey misinformation; rather, it clarifies and makes the tone and message feel more natural in the TL.

Non-Conservation Of Paralinguistic Feature (Ncpf)

This error appears in three subtypes: filler, incomplete sentences, and repeated phrases. Filler constitutes the three most common errors found in the study. The intensity of the finding is particularly high in Set Data 1, especially in the section where the midwife provides long explanations and details. Fillers can also be found in Set Data 2, more so because the interpreter gets distracted, causing the remaining message to be lost in his memory. Most of the filler is represented by "eh," in which the interpreter pauses and attempts to retrieve the message from both the notes and his memory.

The second subtype of NCPF identified is repeated words or phrases. This type of error can be found in both data sets and is evident in BA 27.

BA 27

Midwife (SL): Do you remember what to do to take a midstream specimen (27) for the urine analysis?

Interpreter (TL): Apakah anda ingat kapan untuk mengam .. can you repeat please?

Apakah anda ingat apa yang **harus dilakukan ketika mengambil spesimen tengah** (27) eeh **untuk mengambil spesimen** urin untuk dianalisis?

Here, the interpreter repeats himself when translating “midterm specimen.” The word "spesimen" is spoken twice in the target language due to the interpreter's effort to find a more natural and suitable way to convey the message. The exact modes and intentions can also be observed in 11.

AB 11

Pregnant Woman (SL): Tidak. Saya pikir sudah cukup. Kapan saya harus kontrol kembali?

Interpreter (TL): No, I think that’s enough. **When do I have to go to …eh when do I have to go back again? (11)**

The repetition observed in AB 11 stems from the interpreter's effort to complete the unfinished statement delivered. This repetition serves as a method for the interpreter to retain his memory while also finding the best way to convey the message in a manner that is both understandable and natural for the listener in the target language.

OTHERS

In addition to the eight categories, this study identifies three more subtypes found in errors during interpretation, categorized as others. The three additional subtypes involve the order in which the interpreter presents the information differently in the target language, as seen in BA 24.

The the order of details in the source language (SL) differs from that in the target language (TL). In this case, it does not lead to any misinformation. However, it may when it concerns information related to procedures or other detailed information.

The second additional subtype is requests for repetition. In this subtype, the translator explicitly asks the speaker to repeat the

information. This occurs due to the lengthy information conveyed by the speaker and also because the interpreter loses focus during the note-taking and interpreting process. This subtype is found in 7 data points within the Data Set. The request for repetition is made verbally by stating it directly to the speaker, as seen in BA 26, BA 38, BA 39, BA 44, and BA 46, as well as through eye contact, gestures, and extended silence directed at the speaker, as noted in BA 33 and BA 48.

The third additional subtype is reconfirming, in which the interpreter directs questions to the speaker and asks the speaker to confirm whether the information the interpreter is about to interpret is complete and correct. This example is found in BA 30. Reconfirming is urgent because it ensures the interpreter gets all the information needed to deliver the message to the hearer.

Fortunately, these additional error subtypes do not affect the reliability of TL. However, these additional findings can add to types and subtypes of errors in consecutive interpreting.

CONCLUSION

There are six types of error found in the ob- ject analyzed in this study. Five of these belong to error parameters in consecutive interpreting by Gonzalez et al. (1996), Barik (1998), Hairuo (2015), Chinh (2010), and Altman (1994). The last one is a type identified from the object of this study. The reasoning behind the errors varied from the interpreter's lack of experience and competence in performing the interpretation and intentional effort to provide natural interpretation and clarify the intended message.

There is more to explore from the object used in this study. Different kinds of analysis, such as strategies used in the interpretation or methods used to cope with difficulties in interpreting, can be used as more topics and studies for this object of analysis.

REFERENCES

Kosman, M. (2021). *Young interpreters' coping strategies – An interview study*. SKASE Journal of Translation and Interpretation, 14(2), 97–111.

Kuswoyo, H., & Audina, A. Y. (2020). *Consecutive Interpreting Strategies on A Court Setting: A Study of English into Indonesia Interpretation*. Teknosastik, 18(2), 90. https://doi.org/10.33365/ts.v18i2.750

Lu, R., Ghani, C., Ang, L. H., & Abdullah, M. (2021). *Error Types in Consecutive Interpreting among Student Interpreters between Chinese and English: A pilot study.* October.

Malau, P. P., Lubis, S., & Mono, U. (2021). *Errors in Consecutive Interpreting: a Case of Jessica Kumalawongso'S Court*. Language Literacy: Journal of Linguistics, Literature, and Language Teaching, 5(1), 71–79. h ttps :/ /doi.org/10.3 0743/ll.v5i1.26 11

Pöchhacker, F. (2004). *Introducing Interpreting Studies*. New York: Routledge.

Pratiwi, R. S. (2016). *Common Errors and Problems Encountered by Students English*. Journal of English and Education, 4(1), 127–146.

Zhao, N., Cai, Z. G., & Dong, Y. (2023). *Speech errors in consecutive interpreting: Effects of language proficiency, working memory, and anxiety*. PLoS ONE, 18(10 October), 1–17. https://doi.org/10.1371/journal.pone.0292718